



FORMM-200

State Form 51288

Revised (R2/02-06)

Indiana Department of Revenue

Emergency Oversize Permit

Date ____/____/____
Mo. Day Yr.

Time: _____

Name of Railroad/Utility Co.: _____

Federal Identification Number (FEIN) _____ Telephone Number: _____

Type of Incident: _____

Location of Incident: _____

Name/Address of Equip. Company: _____

Payment Type:

Credit Card ☐Check ☐

Card# _____ Check Routing# _____ Account# _____

Truck VIN Number:

Make: _____ Year: _____ Plate #: _____

Vehicle Type: _____ State Plated: _____

Equipment Being Moved

#2 Type: _____

Length: _____ Width: _____ Height: _____

Gross Weight: _____ No. Axles: _____

Axle Wgts.: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Tractor Plate No.: _____ State: _____

#3 Type: _____

Length: _____ Width: _____ Height: _____

Gross Weight: _____ No. Axles: _____

Axle Wgts.: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Tractor Plate No.: _____ State: _____

Movement Information

Moving From: _____ To: _____

Route of Travel: _____ Est. Miles Traveled: _____

Departure ____/____/____
Mo. Day Yr. Time: _____

Information: _____

Operations Desk Officer: _____